

STATEWIDE BALLOT PROPOSALS

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Michigan voters will decide on two policy issues during the November 4 general election. Each will ask for a YES or NO response, and each will be decided by a majority of those voting on the specific question. Michigan's constitution gives citizens a direct role, through popular vote, in amending the constitution and approving or rejecting state laws.

These two issues will appear on the 2008 ballot:

08-1 Medical Marihuana

08-2 Embryonic Stem Cell Research

This publication is part of a long-standing effort by MSU Extension to provide Michigan residents with information about all of the statewide ballot proposals.

Proposal 08-1

Medical Marihuana

Official ballot language:

A LEGISLATIVE INITIATIVE TO PERMIT THE USE AND CULTIVATION OF MARIHUANA FOR SPECIFIED MEDICAL CONDITIONS.

The proposed law would:

- Permit physician approved use of marihuana by registered patients with debilitating medical conditions including cancer, glaucoma, HIV/AIDS, hepatitis C, MS and other conditions as may be approved by the Department of Community Health.
- Permit registered individuals to grow limited amounts of marihuana for qualifying patients in an enclosed, locked facility.
- Require Department of Community Health to establish an identification card system for patients qualified to use marihuana and individuals qualified to grow marihuana.
- Permit registered and unregistered patients and primary caregivers to assert medical reasons for using marihuana as a defense to any prosecution involving marihuana.

Should this proposal be adopted? Yes _____ No _____

Background

Marihuana is classified as a Schedule I drug under federal and state law, along with LSD, heroin and Ecstasy. Schedule I drugs are those the government has determined have no accepted medical use and have a high potential for abuse. Multiple clinical studies and much anecdotal evidence indicate, however, that marihuana provides relief to those suffering from chronic pain, nausea and lack of appetite. Until the early 1940s, physicians regularly prescribed marihuana for pain and nausea. The Federal Marihuana Tax Act of 1937, however, made prescribing it very burdensome and costly.

In 1978, the federal Drug Enforcement Administration began a program (the Investigational Compassionate Access Program) to permit patients whose pain could be relieved only by marihuana to apply for and receive the drug from the FDA. Over the next 14 years, fewer than 100 patients were admitted into the program. In 1992, the number of applications for the program increased dramatically as the number of AIDS cases increased. President George H.W. Bush then closed the program to new applicants. About five patients continue to receive marihuana to treat their illness under this program.

Michigan Act 368 of 1982 established a marihuana therapeutic research program in the Michigan Public Health Code (MCL 333.7335-333.7336), which was consistent with the federal Compassionate Access Program. The state program was never operational and expired in 1987.

In 1996, California became the first state to legalize the use of marihuana for medical reasons; since then, 12 other states have also done so. Michigan currently prohibits marihuana use for any reason. If Proposal 1 is passed, its use would still be prohibited under federal law.

Though states are not required to enforce federal law, the Supreme Court ruled in 2005 (*Gonzalez v. Raich*) that, in states where medicinal marihuana is legal, registered users are not exempt from federal prosecution. In California, the FDA has conducted raids on medical marihuana dispensaries and arrested suspects for selling marihuana to non-registered patients.

Typically, federal drug agents target drug manufacturers and distributors, while state and local police target drug users. The proposal, therefore, would have the practical effect of largely protecting from arrest medical marihuana users and their caregivers.

The Proposal

The proposal would create a new act, the Michigan Medical Marihuana Act. Specifically, the proposal would permit a physician to prescribe marihuana to a qualifying patient. A qualifying patient would have to have one or more of the following debilitating medical conditions: cancer, glaucoma, HIV-AIDS, hepatitis C, amyotrophic lateral sclerosis (often referred to as ALS or Lou Gehrig's disease), Crohn's disease, agitation of Alzheimer's disease, nail patella, and cachexia or wasting syndrome; or severe and chronic pain, severe nausea, seizures, or severe and persistent muscle spasms, such as those characteristic of multiple sclerosis.

The State Department of Community Health would be required to issue a registry identification card to qualifying patients and to their caregivers. A qualifying patient and the patient's caregiver each could possess up to 2.5 ounces of useable marihuana and, together, up to 12 marihuana plants kept in an enclosed, locked facility.

The proposal would protect from arrest, prosecution and penalty any patient, caregiver or physician who adhered to the terms of the proposed act, and any person who provided marihuana paraphernalia to a qualifying patient and his or her caregiver.

Michigan would be required to honor registry identification cards from other states where medical marihuana is legal. Last, the proposal would impose penalties (up to \$2,000 and/or two years in jail) on registered patients and caregivers who sold marihuana to non-registered patients or caregivers.

The proposal is silent on how patients or caregivers would obtain marihuana plants or seeds.

The full text of the proposed legislation can be found at the Citizens Research Council Web site: www.crcmich.org.

Policy Discussion

The debate over medical marihuana centers on the medicinal value of the drug. Supporters of the proposal contend that marihuana has been used to treat pain for over 2,000 years and that, compared with many other legal medications, marihuana's side effects are minor and its benefits many. They point to numerous government and independent studies finding that marihuana is an effective pain reliever, appetite stimulant and anti-nausea drug. Opponents disagree: safe, effective and thoroughly researched treatments for pain and nausea already exist, and smoking anything is detrimental to one's health. Supporters counter that marihuana is relatively inexpensive, compared to prescription drugs, and that it does not have to be smoked to be effective: it may be ingested, made into a tea or inhaled through a vaporizer.

A second debate focuses on the ability of a medical marihuana program to effectively contain the drug's use to legitimate, registered users. Opponents of the proposal maintain that legalizing marihuana for any purpose will lead to more use by the general population. Further, some law enforcement officials are concerned that legalizing medical marihuana is one step closer to legalizing all marihuana use. They argue that legalizing marihuana for any reason will send the wrong message to minors, who are best served by consistent laws and messages. Proponents claim that the proposed act provides a narrow exception, and that the legislation provides for penalties for those who abuse it.

Proposal 08-1 is sponsored by the Michigan Coalition for Compassionate Care
(www.stoparrestingpatients.org).

It is opposed by the Save Our Society from Drugs organization (www.saveoursociety.org).

Proposal 08-2**Embryonic Stem Cell Research***Official ballot language:***A PROPOSAL TO AMEND THE STATE CONSTITUTION TO ADDRESS HUMAN EMBRYO AND HUMAN EMBRYONIC STEM CELL RESEARCH IN MICHIGAN.**

The proposed constitutional amendment would:

- Expand use of human embryos for any research permitted under federal law subject to the following limits: the embryos —
 - are created for fertility treatment purposes;
 - are not suitable for implantation or are in excess of clinical needs;
 - would be discarded unless used for research;
 - were donated by the person seeking fertility treatment.
- Provide that stem cells cannot be taken from human embryos more than 14 days after cell division begins.
- Prohibit any person from selling or purchasing human embryos for stem cell research.
- Prohibit state and local laws that prevent, restrict or discourage stem cell research, future therapies and cures.

Should this proposal be adopted? Yes _____ No _____

Background

Since 1978, Michigan's Public Health Code has prohibited research on a live human embryo if that research jeopardizes the health of the embryo (MCL 333.2685). Since this law was enacted, the development of in vitro fertilization (IVF) therapy, in which one or more fertilized embryos are implanted in a woman, has become an increasingly common method of treating infertility. In most instances, excess embryos not used for transplant are discarded. In some states and countries, a woman or couple may donate the excess embryos for scientific research. In Michigan, however, this type of research—embryonic stem cell research—is prohibited because the embryo is destroyed in the process.

Scientists are particularly interested in stem cells extracted from embryos because they behave differently than any other type of cell, even stem cells taken from adults, fetuses, fetal tissue or umbilical cords. First, embryonic stem cells are *pluripotent*, meaning that they can create any cell in the human body, except for sperm and egg cells. Stem cells taken from other tissue are *multipotent*, which means they can build other types of cells like themselves: for example, stem cells found in bone marrow can produce all types of blood cells.

Second, embryonic stem cells can replicate themselves endlessly, permitting researchers to use successive generations of cells without having to isolate the original stem cells again. (Replicating stem cells in this manner is not the same as cloning cells to produce a human being.) Some scientists believe that studying embryonic cells could lead to possible treatments for Parkinson's, Alzheimer's, juvenile diabetes, spinal cord injuries and burns, as well as a more complete understanding of human development, disease development and birth defects.

The Proposal

Specifically, the proposal would permit a person seeking fertility treatment to donate to scientific research embryos that otherwise would be discarded. The person would have to provide written consent documenting this donation. The embryos could not be older than 14 days; however, that time during which an embryo was frozen would not count toward the 14-day limit.

A person could not purchase or sell human embryos for stem cell research.

All stem cell research would have to be conducted in agreement with state and local laws, as long as those laws did not prevent, restrict, obstruct or discourage any stem cell research or stem cell therapies and cures permitted under the proposed amendment, or create disincentives for a person to engage in embryonic research or therapies or cures.

If any portion of the proposed amendment were found to be unconstitutional, that portion would be severed from the remainder of the amendment.

The Policy Discussion

The core argument here is whether or not an embryo is a person, with all the rights of a fully developed human person. Some opponents of embryonic stem cell research contend that personhood begins at conception—at the moment the sperm and egg join—and that, therefore, any

embryo, no matter how small, is entitled to the same protections as any other human being. Because research on living humans without their consent is considered to be morally wrong, destroying embryos in the research process would also be wrong and could be a “slippery slope” leading to an abuse of research practices in the future.

Proponents of embryonic stem cell research contend that the embryo (at least one less than 14 days old) is not a human being, per se, and that the excess embryos used in the IVF process will be destroyed when they are discarded. In addition, the proposal would not overturn Michigan’s existing ban on human cloning.

A second debate is focused on the uncertainty of the outcomes of this research. Some argue that the research is still in its infancy and has yet to produce a cure for any disease. Opponents of the proposal contend that until such progress is evident, more attention should be focused on researching adult stem cells obtained from organ tissue. Supporters of embryonic stem cell research contend that these types of stem cells cannot create any cell in the body, nor can they replicate indefinitely as can embryonic stem cells. Further, additional stem cell lines are needed to further research. (A stem cell line consists of all of the stem cells that originated from a single embryo; each line has unique DNA. Currently, under federal law, researchers are limited to using the same 20 lines.)

Finally, supporters contend that Michigan is losing the opportunity to attract biomedical research funding that currently goes out of state. Many other states, including Illinois and Wisconsin, have attracted biomedical researchers with grants and incentives. As a result, supporters believe that eliminating the ban on embryonic stem cell research in Michigan would attract investments and employment by this industry in Michigan.

Proposal 08-2 is sponsored by the Stem Cell Research Ballot Question Committee (BCQ) (www.curemichigan.org).

It is opposed by Michigan Citizens Against Unrestricted Science & Experimentation (www.micause.com), Right to Life Michigan (www.rtl.org) and the Michigan Catholic Conference (www.micatholicconference.org).

References and Resources:

BallotPedia. “Michigan Stem Cell Initiative 2008,” www.ballotpedia.org.

Cure Michigan, www.CureMichigan.com.

Citizens Research Council of Michigan. Proposal 2008-01: Medical Marijuana, www.crcmich.org.

Eddy, Mark. 2007. “Review and Analysis of Federal and State Policies,” Chapter 4 in Lee V. Barton (ed.), *Illegal Drugs and Government Policies*. Nova Science Publishers, Hauppauge NY.

Initiative and Referendum Institute at the University of Southern California, www.iandrinstute.org/Michigan.htm.

Killian, Chris. “Most Southwest Lawmakers Oppose Medical Marijuana,” *Kalamazoo Gazette*, March 16, 2008.

Marijuana Policy Project. 2007. *State by State Medical Marijuana Laws: How to Remove the Threat of Arrest*, www.map.org.

Michigan Catholic Conference, www.micatholicconference.org.

Michigan Coalition for Compassionate Care, www.stoparrestingpatients.org.

Michigan Legislature, www.michiganlegislature.org.

Right to Life of Michigan, www.rtl.org.

Save our Society from Drugs, www.saveoursociety.org.

Steinbrook, Robert. 2004. “Medical Marijuana, Physician-Assisted Suicide, and the Controlled Substances Act.” *New England Journal of Medicine*, Vol. 351 (Nov.):1380-1383.

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**Vote on Tuesday,
November 4, 2008**

Polls are open 7 a.m. to 8 p.m.

Need an absentee ballot?

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until 2 p.m. on Saturday, November 1.**

**Or available online at
www.michigan.gov/sos**